

She said that the inability to walk had gradually come on ; that she could feel her hips move up and down when she stepped, and that she felt as though she was being pried apart. At her confinement, which took place a week later, the normal pains came on, and the contractions were strong and regular. The presentation was normal and in the first position, but progress was slow, the labor lasting seven hours. The child was a male, weighing ten and one-half pounds, and looked as though it was at least a month old ; the head was large, the fontanelles nearly closed, and the skull remarkably ossified. During the passage of the head through the outlet of the pelvis, the symphyses separated one and a quarter inches, so that two fingers could be passed between them.

She made a good recovery, the bones returned to their normal position, and finally united as firmly as before ; locomotion is perfect. She said that she was troubled in the same way at her last confinement, but not to such an extent.—*Chicago Med. Journ. and Exam.*, Dec. 1884.

The Value of Unilateral Incisions for Preventing Ruptures of the Perineum.

In an exhaustive article on this subject CREDÉ and COLPE, after studying the subject of ruptures of the perineum in regard to their frequency and the means for preventing them, pronounce themselves decidedly in favor of the unilateral incision ; much preferring it to the recommendation of some authors that the rupture be allowed to occur, after which it may be cured by immediate suturing.

The following objections have been made to the lateral incision : 1. It may easily lead to more or less extensive ulceration after delivery, and thus retard recovery ; 2. The wounds resulting from the incision may be the point of origin of infection ; 3. The incision does not always prevent rupture of the perineum ; 4. However small the incision may be, the operation is painful ; 5. Finally, the incisions leave traces, and may favor, up to a certain point, occlusion of the vagina.

In reply to these objections, Credé and Colpe give the following statistics from the Leipzig Maternity Hospital, showing that as regards the numbers of perineal lesions there were, in 1000 primiparæ cases, 392 ; of these, there were 259 lateral incisions, or 25.9 per cent. ; spontaneous ruptures 104, or 10.4 per cent. ; ruptures in spite of incision 29, or 2.9 per cent. Of 1000 multiparæ cases, there were 12 lateral incisions, or 1.2 per cent. ; spontaneous ruptures 24, or 2.4 per cent. *En résumé*, of 2000 cases of labor there were 271 lateral incisions or 13.5 per cent. ; ruptures 128, or 6.4 per cent. ; ruptures in spite of incision 29, or 1.4 per cent. As regards the sequelæ of these 2000 labors, 229 went out of the Maternity in about fifteen days.

As regards infection the dangers of the lateral incision should not be exaggerated. Of the 2000 cases tabulated, there were 33 deaths, 19 being due to infection, the remaining 14 to puerperal eclampsia, ruptures of the uterus, and intercurrent diseases. Besides the 19 cases of septicæmia, of 1572 labors with intact perineum, there were 15 deaths ; of those with the lateral incision there were 4. It is rather more difficult to draw any definite conclusions as to the infectious accidents (non-mortal) during the labors, as there were a great many normal labors in these cases ; but it is quite certain that the lateral incision plays no part in the production of disease.

As regards the objection that the lateral incision does not always prevent rupture, the statistics from the Leipzig Maternity show that, of 300 cases of epistomy, there were 29 ruptures of the perineum, or 9.6 per cent. But it should be noted that in 25 of these cases there were other unfavorable circumstances ; in 15

cases the children were very large; and of the 15 cases the forceps were used in 3 cases; there was 1 case of faulty engagement; and 4 of granular vaginitis. In 7 other cases in which the children were not of large size, the perineum was weakened by syphilis in 3 cases, there was 1 parietal presentation, 1 case of hydrocephalus, and in 2 cases the rupture was caused by the shoulders. And in these cases there was not one of total rupture.

As regards the pain of the incision, it is scarcely to be mentioned in comparison with that caused by the contractions of the uterus and the pressure of the head on the vulva. Furthermore, by favoring the disengagement of the fetal head, the incision saves the woman a number of pains, and is therefore rather indicated than contraindicated.

As regards the ultimate deformity of the vulva arising from the cicatrix consequent upon the incision, the authors of the paper state that Balandin has greatly exaggerated the inconveniences in saying that the vulval orifice is deformed, that it is made to gape, and that the floor of the pelvis is markedly enfeebled. This vulvar insufficiency never reaches the degree found after spontaneous rupture, when uncured or badly cared for.—*Archives de Tocologie*, November, 1884.

Hot Uterine Douches in Post-Partum Hemorrhage.

Dr. CARL REGNAULT, of Stuttgart, says, in an article on this subject, that since the contributions of Schülein, and especially of Richter, as to the results of the use of hot intra-uterine douches in post-partum hemorrhage, only a few have been found who have raised objections to them.

Of 2398 cases of labor at the Landeshebammschule, in Stuttgart, in the last five years, there were 108 cases (4.3 per cent.) in which hot intra-uterine douches were used *post partum*; cold intra-uterine douches were not used. Of the 108 cases there were 80 of hemorrhage; in 28 the hot douches were used on antiseptic grounds. For the douches two quarts of a 1 or 2 per cent. carbolic solution at 117° to 122° Fabr. In those cases in which the cervix was not sufficiently large to allow the passage of a glass tube, Fritsch's catheters were used. The return of the injected fluid was always free and unhindered. In a few cases a 1 : 4000 solution of corrosive sublimate was used. In no case were these symptoms of intoxication from the disinfecting agent, whether corrosive sublimate or carbolic acid was used. This may have been due to the fact that the injections were seldom repeated; in the greater number of cases, especially of hemorrhage, only one injection was used.

The accompanying, or usually previous treatment in these cases was the use of one or more injections of ergotin solution, and always more or less powerful kneading of the uterus. In 16 cases in which hot douches were used for a slight or medium degree of hemorrhage, no ergotin was given. In 3 of these cases blood-clots or a bloody flow was seen in the same afternoon, after the use of the hot douche, and in 3 others on the 2d, 3d, and 4th days. Also, one-third of all cases of after-bleeding occurred in those 16 cases treated without ergotin. There were also 4 cases in which ergotin alone was at first depended on to arrest fierce hemorrhage; but it was found that the hot water must be used. These 4 cases very well illustrate the value of the combined treatment. From the effect of the hot douches in these cases it may be concluded that the contraction of the uterus is due less to the thermal irritation of the injection than, as Richter holds, to an œdematous soaking-through and swelling of the mucous membrane and submucous tissue, depending on the inflammatory irritation, and that compression of the bleeding vessels is caused by the accession of a good contraction of the uterus.